

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code LabelOR ☐

Correspondence address below

Name

JOHN S. FOSTER

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4678 VIA HUERTO

Address

City

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State

CA

ZIP

93110

Country

USA

Telephone

(805) 681-2838

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

PATRICK EDWARD

Family Name

or Surname

FEIERABEND

Inventor's
Signature

Patrick Feierabend

Date

1/11/01

Residence: City

215 ~~VIA SEVILLA ST~~ SANTA BARBARA

State

CA

Country USA

Citizenship US

Mailing Address

215 VIA SEVILLA ST

Mailing Address

City

SANTA BARBARA

State

CALIF

ZIP

93109

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Richard Thomas

Family Name

or Surname

MARTIN

Inventor's
Signature

Richard Thomas Martin

Date

11 Jan 2001

Residence: City

Goleta

State

CA

Country USA

Citizenship USA

Mailing Address

5692 Berkeley Road

Mailing Address

City

Goleta

State

CA

ZIP

93113

Country

USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Jettory Frank			Summers		
Inventor's Signature		<i>[Signature]</i>		Date	1/11/01
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address					
1416 Clearview rd.					
Post Office Address					
City	Santa Barbara	State	CA	ZIP	93101
Country					
USA					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Andrew Dexter			Wallis		
Inventor's Signature		<i>[Signature]</i>		Date	1/11/01
Residence: City	Los Alamos	State	CA	Country	USA
Post Office Address					
P.O. Box 902 Los Alamos CA 93440-0902					
Post Office Address					
City	Los Alamos	State	CA	ZIP	93440
Country					
USA					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Paul J.			Rubel		
Inventor's Signature		<i>[Signature]</i>		Date	1/11/01
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address					
527 La Marina Dr.					
Post Office Address					
City	Santa Barbara	State	CA	ZIP	93109
Country					
USA					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
John Stuart		Foster	
Inventor's Signature	Date		
	1/11/01		
Residence: City	State	Country	Citizenship
Santa Barbara	CA	USA	USA
Post Office Address			
4678 Via Huerto			
Post Office Address			
City	State	ZIP	Country
Santa Barbara	CA	93110	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
John W		Stocker	
Inventor's Signature	Date		
	1/17/01		
Residence: City	State	Country	Citizenship
Santa Barbara	CA	USA	USA
Post Office Address			
211 Bath			
Post Office Address			
City	State	ZIP	Country
Santa Barbara	CA	93101	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Post Office Address			
Post Office Address			
City	State	ZIP	Country

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John Stuart				Foster			
Inventor's Signature				Date		1/11/01	
Residence: City		Santa Barbara		State		CA	
				Country		USA	
Post Office Address		4678 Via Huerto					
Post Office Address							
City		Santa Barbara		State		CA	
				ZIP		93110	
				Country		USA	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
				Stocker			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

PATRICK E. FEIERABEND

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR ASSEMBLING AN ARRAY OF MICRO-DEVICES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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